Republic of the Philippines

SOCIAL SECURITY SYSTEM

SICKNESS BENEFIT APPLICATION

SIC - 01250 (12-2015) **(FOR SELF-EMPLOYED/VOLUNTARY MEMBER & MEMBER SEPARATED FROM EMPLOYMENT)**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND **USE BLACK INK ONLY**.

PART I - TO BE FILLED OUT BY MEMBER

A. PERSONAL DATA

SS NUMBER	COMMON REFERENCE NUMBER (CRN, IF ANY)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)

(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE

TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS

FOREIGN ADDRESS (IF APPLICABLE) COUNTRY ZIP CODE

SICKNESS BENEFIT TYPE ☐ SS ☐ EC

PLACE OF CONFINEMENT ☐ HOME ☐ HOSPITAL

NAME OF LAST EMPLOYER: _____

DATE OF SEPARATION FROM LAST EMPLOYER: _____

B. MEMBER'S ENROLLMENT IN THE PAYMENT THRU THE BANK *(If not yet enrolled)*

BANK NAME AND BRANCH

BANK BRANCH ADDRESS ZIP CODE

BANK ACCOUNT NAME

BANK ACCOUNT NUMBER ☐ SAVINGS/CURRENT ☐ UMID ATM ACCOUNT ☐ CASH CARD: VALID UNTIL _____

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

PRINTED NAME _____ SIGNATURE _____ DATE _____

If member cannot sign, affix fingerprints. Please read Instruction No. 5 of the form.

Below are the witnesses to fingerprinting:

1) _____ _____ _____
PRINTED NAME SIGNATURE DATE
ADDRESS & CONTACT NUMBER _____

2) _____ _____ _____
PRINTED NAME SIGNATURE DATE
ADDRESS & CONTACT NUMBER _____

RIGHT THUMB

RIGHT INDEX

PART II-A. MEDICAL CERTIFICATE (TO BE FILLED OUT BY THE ATTENDING PHYSICIAN)

BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS

ATTENDING PHYSICIAN'S CERTIFICATION

I certify that I have seen and examined above-named patient on _____ and in my opinion, confinement
(Date)
including recuperation period may last _____ days.
(no. of days)

DIAGNOSIS _____

PLACE OF CONFINEMENT ☐ HOME ☐ HOSPITAL	START OF CONFINEMENT (MMDDYYYY)	NAME OF HOSPITAL (If confined in a hospital)

PRINTED NAME AND SIGNATURE LICENSE NO.

ADDRESS OF PHYSICIAN'S CLINIC/HOSPITAL (NO & STREET) (BARANGAY) (TOWN/DISTRICT) (CITY/PROVINCE) ZIP CODE

PART II-B. TO BE FILLED OUT BY SSS PERSONNEL

RECEIVED BY (FOR MEMBER SERVICES SECTION)			RECEIVED BY (FOR MEDICAL EVALUATION SECTION)		
SIGNATURE OVER PRINTED NAME	DATE	TIME	SIGNATURE OVER PRINTED NAME	DATE	TIME

----------Perforate Here----------

SOCIAL SECURITY SYSTEM

SICKNESS BENEFIT APPLICATION

ACKNOWLEDGEMENT STUB

SS NUMBER/CRN (IF ANY) NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

START OF SICKNESS (MMDDYYYY) RECEIVED BY

SIGNATURE OVER PRINTED NAME OF RECEIVING PERSONNEL DATE & TIME SSS BRANCH

Verification of status may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 up to 55 or 917-7777

INSTRUCTIONS

1. Fill out this form in one (1) copy.
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Write SS number and name of member in all supporting documents for submission.
4. Present valid identification cards/documents. Refer to attached "List of Filer's Valid Identification (ID) Cards/Documents".
5. If member cannot sign, witnesses to fingerprinting shall be as follows:

   Filed by member

   - SSS receiving personnel who shall affix his/her signature on the portion provided in Part I-C and indicate employee ID No.

   Filed by member's representative

   - Two (2) witnesses. One (1) is the member's authorized representative and the other one (1) could be any person. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided in Part I-C.
6. Accomplish Part I-B of this form, if not yet enrolled in the Payment thru the Bank Program.
7. Secure Letter of Introduction (LOI) form from SSS, if without existing single savings or current account, which shall be presented to the SSS-accredited bank chosen for purposes of opening single savings account/cash card account.
8. Submit this form to the nearest SSS branch office together with the following documentary requirements:

   a. Bank documents (photocopy/scanned copy of any of the following, to ascertain correctness of bank account information.

      ✓ ATM Card (with account number)

      ✓ Bank Account Passbook

      ✓ Bank Statement/Certificate

      ✓ Deposit Slip/Savings account number card

      Sickness benefit payments shall be remitted by the SSS to member's designated bank.

   b. SSS Medical Certificate Form filled out by attending physician

   c. Supporting Medical Document, if any.

      For prolonged confinement/sickness

      ✓ Laboratory, X-ray, ECG and other diagnostic results;

      ✓ Operating room/clinical record that will support diagnosis

      For vehicular accident with 3rd party involvement (EC claim)

      ✓ Police Report

   d. Additional Required Documents

      Present the original/certified true copy and submit the photocopy of the following, whichever is applicable:

      d.1 For Self-Employed/Voluntary Member (previously employed)

      If confinement period applied for is within the period of employment or prior to date of separation

      - Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer's authorized signatory reflected in the Specimen Signature Card [SS Form L-501])

      d.2 For Member Separated from Employment

      If confinement period applied for is within the period of employment or prior to date of separation

      - Certificate of separation from employment with effective date of separation and no advance payment was granted (signed by the employer's authorized signatory reflected in SS Form L-501)

      If confinement period applied for is after the date of separation

      - Certificate of separation from employment with effective date of separation (signed by the employer's authorized signatory reflected in SS Form L-501)

      Certificate of separation is not required for self-employed/voluntary member (previously employed) or member separated from employment under any of the following conditions in which supporting document/s shall be required to be submitted as enumerated below:

      If company is on strike

      - Notice of strike duly acknowledged by the DOLE; and
      - Duly notarized Affidavit of Undertaking issued by the member that no advanced payment was granted

      If company has been dissolved or has ceased operation

      - Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effective date of separation

      If there is a case pending before a court regarding separation of member

      - Certification from DOLE; and
      - Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated effective date of separation

      If separated from employment due to AWOL or with strained relations with the employer

      - Duly notarized Affidavit of Undertaking issued by the member that no advance payment was granted and with indicated reason and effective date of separation

WARNING

ANY PERSON WHO MAKES ANY FALSE STATEMENT IN THIS APPLICATION OR SUBMITS ANY FALSIFIED DOCUMENTS IN CONNECTION WITH THE APPLICATION WITH THE SSS SHALL BE LIABLE CRIMINALLY UNDER SECTION 28 OF RA 8282 OR UNDER PERTINENT PROVISION OF REVISED PENAL CODE.

SS NUMBER | NAME OF MEMBER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

PART III - TO BE FILLED OUT BY SSS PERSONNEL

A. SCREENING RESULTS

MEMBER SERVICES SECTION
Screening was done and results are as follows:
- ☐ In order
- ☐ No signature of Member
- ☐ Medical Certificate not accomplished

REMARKS _____

SCREENED BY
_____ _____ _____
SIGNATURE OVER PRINTED NAME DATE TIME

MEDICAL EVALUATION SECTION
Screening was done and results are as follows:
- ☐ In order
- ☐ With findings, please see remarks

REMARKS _____

SCREENED BY
_____ _____ _____
SIGNATURE OVER PRINTED NAME DATE TIME

B. PAYMENT THRU THE BANK PROGRAM

REASON FOR EXEMPTION FROM THE PROGRAM
- ☐ Member's amount of benefit is one thousand pesos (P1,000) and below
- ☐ Member's address is beyond 30 kms to the nearest SSS-accredited bank
- ☐ Member's address is in high risk area
- ☐ Member is physically incapable of transacting business with the bank
- ☐ Others

REMARKS _____

SCREENED AND ENCODED BY
_____ _____ _____
SIGNATURE OVER PRINTED NAME DATE TIME

REVIEWED BY
_____ _____
BRANCH HEAD SIGNATURE OVER PRINTED NAME DATE

C. MEDICAL EVALUATION

C.1 Physical Examination and Interview

PERTINENT PE FINDINGS (Member to affix signature after PEI)

Onset of Illness _____
Last Working Day _____
Back to Work _____

_____
Member's Signature

C.2 Recommendation

SS

APPROVED # of days
- ☐ Initial
- ☐ Extension (indicate previous approval)

_____ (In numeric) _____ (In words)

_____ (Inclusive Period)

- ☐ Previous approval
- ☐ Hospital (Confined) _____ (Date of Discharge)

- ☐ PENDING- ○ For MFS ○ HCD/ODS referral

_____ Initials _____ Date

- ☐ RETURNED - _____ Initials _____ Date
- ☐ DENIED - _____

REMARKS

EC

APPROVED # of days
- ☐ Initial
- ☐ Extension (indicate previous approval)

_____ (In numeric) _____ (In words)

_____ (Inclusive Period)

- ☐ Previous approval
- ☐ Hospital (Confined) _____ (Date of Discharge)

- ☐ PENDING- ○ For MFS ○ HCD/ODS referral

_____ Initials _____ Date

- ☐ RETURNED - _____ Initials _____ Date
- ☐ DENIED - _____

REMARKS

ILLNESS CODE/S

EVALUATED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

ENCODED AND RELEASED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

PART IV. PROCESSING CENTER

FOR INITIAL FILING
RECEIVED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

PROCESSING RESULTS _____

PROCESSED AND ENCODED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

REVIEW RESULTS
- ☐ Approved
- ☐ Rejected _____
- ☐ Denied _____

REVIEWED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

CONCURRED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

FOR RE-FILED CLAIM
RECEIVED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

PROCESSING RESULTS _____

PROCESSED AND ENCODED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

REVIEW RESULTS
- ☐ Approved
- ☐ Rejected _____
- ☐ Denied _____

REVIEWED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

CONCURRED BY
_____ _____
SIGNATURE OVER PRINTED NAME DATE

LIST OF FILER'S VALID IDENTIFICATION (ID) CARDS/DOCUMENTS
Sickness Benefits Process

A. Primary ID Cards/Documents

1. Social Security (SS) card
2. Unified Multi-Purpose ID (UMID) card
3. Passport
4. Professional Regulation Commission (PRC) card
5. Seaman's Book (Seafarer's Identification & Record Book)

B. Secondary ID Cards/Documents

1. Alien Certificate of Registration
2. ATM card (with cardholder's name)
3. Bank Account Passbook
4. Company ID card
5. Certificate of Confirmation issued by National Commission on Indigenous People (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
6. Certificate of Licensure/Qualification Documents from Maritime Industry Authority
7. Certificate of Naturalization
8. Credit card
9. Court Order granting petition for change of name or date of birth
10. Driver's License
11. Firearm License card issued by Philippine National Police (PNP)
12. Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
13. Government Service Insurance System (GSIS) card/Member's Record/Certificate of Membership
14. Health or Medical card
15. Home Development Mutual Fund (Pag-IBIG) Transaction Card/Member's Data Form
16. ID card issued by Local Government Units (LGUs) (e.g. Barangay/Municipality/City)
17. ID card issued by professional association recognized by PRC
18. Life Insurance Policy of member
19. Marriage Contract/Marriage Certificate
20. National Bureau of Investigation (NBI) Clearance
21. Overseas Worker Welfare Administration (OWWA) card
22. Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
23. Police Clearance
24. Postal ID card
25. School ID card
26. Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
27. Senior Citizen card
28. Student Permit issued by Land Transportation Office (LTO)
29. Taxpayer's Identification Number (TIN) card
30. Transcript of Records
31. Voter's Identification card/Voter's Affidavit / Certificate of Registration

1. Filed by Member

Present original of any one (1) of the **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.

2. Filed by Member's Representative

Present the following:

2.1 Original of any one (1) of the Authorized Representative's **primary** ID cards/ documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo; and

2.2 Original of any one (1) of the Member's **primary** ID cards/documents in **Item A** or two (2) **secondary** ID cards/documents in **Item B** both with signature and at least one (1) with photo.